

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21419

FILED
Apr 22, 2004
Secretary of State**Entity Name:** WREDE'S WILDLIFE REHABILITATION CENTER, INCORPORATED**Current Principal Place of Business:**4900 WILDERNESS TRAIL
C/O KAREN WREDE
SEBRING, FL 33872**New Principal Place of Business:****Current Mailing Address:**4900 WILDERNESS TRAIL
C/O KAREN WREDE
SEBRING, FL 33872**New Mailing Address:****FEI Number:** 59-2836736**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WREDE, KAREN
4900 WILDERNESS TR.
SEBRING, FL 33872**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** STD () Delete
Name: WREDE, DAVID,
Address: 4900 WILDERNESS TR.
City-St-Zip: SEBRING, FL**Title:** PD () Delete
Name: WREDE, KAREN,
Address: 4900 WILDERNESS TR.
City-St-Zip: SEBRING, FL**Title:** D () Delete
Name: SAUNDERS, JEFF,
Address: 1166 S HICKORY TRAIL
City-St-Zip: AVON PARK, FL 33825**Title:** D () Delete
Name: ANDERSON, WENDELL
Address: 105 NOTRE DAME
City-St-Zip: LAKE PLACID, FL**Title:** D () Delete
Name: BROWN, STEPHEN C
Address: 2425 COUNTRY CLUB RD
City-St-Zip: SEBRING, FL 33872**Title:** D () Delete
Name: PUGH, CONNIE F
Address: 144 COUNTY RD 29
City-St-Zip: LAKE PLACID, FL 33852**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN WREDE

STD

04/22/2004

Electronic Signature of Signing Officer or Director

Date